

South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
 Post Office Box 8206
 Columbia, South Carolina 29202-8206
 www.scdhhs.gov

March 28, 2007

MEDICAID BULLETIN

CHIR	07-04	OMP-THER-AUD	07-04
CLTC	07-04	OMP-THER-OT	07-04
DEN	07-09	OMP-THER-PT	07-04
DME	07-08	OMP-THER-SP	07-04
HH	07-04	PHY-ALG	07-07
LAB-IND	07-04	PHY-ANES	07-07
MC-ASC	07-06	PHY-CARD	07-07
MC-CCDC	07-04	PHY-DERM	07-07
MC-DE	07-04	PHY-ENT	07-07
MC-DHEC	07-07	PHY-ER	07-08
MC-DRC	07-04	PHY-MSP-CBP	07-09
MC-ESRD	07-05	PHY-MSP-HBP	07-09
MC-FFHC	07-05	PHY-OPHT	07-07
MC-FQHC	07-08	PHY-PATH	07-07
MC-MCHC	07-07	PHY-PC-FP/GP	07-08
MC-PDN	07-04	PHY-PC-GER	07-08
MC-RHC	07-08	PHY-PC-INT	07-09
MC-SHC	07-04	PHY-PC-NEO	07-09
MCCA	07-03	HY-PC-OG	07-09
MHRC-ADA	07-06	PHY-PC-PED	07-09
MHRC-COC	07-03	PHY-PC-PED/SUB	07-09
MHRC-MHC	07-05	PHY-PS	07-07
MHRC-MRC	07-02	PHY-RAD	07-08
MHRC-PMHC	07-04	PHY-S	07-07
OMP-CRNA	07-05	PHY-SPEC	07-07
OMP-NM	07-06	PHY-SURG	07-07
OMP-NP	07-06	POD	07-06
OMP-NPS	07-04	VIS	07-04
OMP-PSY	07-06	XRAY-IND	07-04

TO: Providers Indicated

SUBJECT: CMS-1500 Update

On October 12, 2006, the South Carolina Department of Health and Human Services (SCDHHS) notified providers that both the August 2005 version of the CMS-1500 (08-05) and the December 1990 version of the CMS-1500 (12-90) could be used to submit claims until April 1, 2007, and that effective April 1, 2007, only the CMS-1500 (08-05) would be accepted.

The Centers for Medicare and Medicaid Services (CMS) has notified SCDHHS that there are incorrectly formatted versions of the CMS-1500 (08-05) being sold by print vendors, specifically the Government Printing Office (GPO). Given the circumstances, CMS has extended the acceptance period of the CMS-1500 (12-90) version through May 31, 2007.

In response to CMS' revised guidelines, SCDHHS will accept the CMS-1500 (08-05), both correctly and incorrectly formatted versions, and the CMS-1500 (12-90) version through May 31, 2007. However, if you are billing for physician administered drugs, the CMS 1500 (08-05) version must be used. Effective June 1, 2007, SCDHHS will only accept the correctly formatted version of the CMS-1500 (08-05).

Providers are encouraged to take appropriate steps to acquire the correctly formatted version of the CMS-1500 (08-05). The following information can be used to properly identify which form is which.

- The old, (12-90) version of the form, contains "Approved OMB-0938-0008 FORM CMS-1500 (12-90) at the bottom of the form (typically in the lower right corner) signifying the version is the December 1990 version.

- The new, (08-05) version of the form, contains “Approved OMB-0938-0999 FORM CMS-1500 (08-05)” at the bottom of the form signifying the version is the August 2005 version.
- To identify if the CMS-1500 (08-05) version forms are correctly formatted, look at the upper right-hand corner of the form. On properly formatted claim forms, there will be approximately a ¼ inch gap between the tip of the red arrow above the vertically stacked word “CARRIER” and the top edge of the paper. If the tip of the red arrow is touching or close to touching the top edge of the paper, then the form is not printed to specifications.

Thank you for your continued support and participation in the South Carolina Medicaid Program. If you have questions concerning this bulletin, please contact your Program Manager.

/s/

Robert M. Kerr
Director

RMK/bmbb

NOTE: To receive Medicaid bulletins by email, please send an email to bulletin@scdhhs.gov indicating your email address and contact information.
To sign up for Electronic Funds Transfer of your Medicaid payment, please go to the following link for instructions: <http://www.scdhhs.gov/dhhsnew/serviceproviders/eft.asp>